STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) | aura M. Weston | | |
|--|--|--|--|
| II. Name of lobbyist's partnershi | p, firm or corporation, if any: | | |
| MM Weston + A | Issociates, PLIC | | |
| • | nip, firm or corporation) | . | 17707 |
| PO BOX 990 Business Address: (Street) | Concord, (Town(City) | NH (State) | 03302 (Zip Code) |
| , , | (TOWE City) | • | |
| (1003) 224-4077 (Telephone) | (603) <u>229 - 4099</u> (Fax) | e-mail <u>Muura</u> | e mmwaton, on mic |
| III. This statement covers: (Choo reportable expense transactions | | | ay file a separate report for |
| All reportable transactions occ | urring in the months prior to the re | porting date relative to the | ne following client: |
| Purdue Phai | of Client as it appears on the Lobbyist | | |
| | of Client as it appears on the Lobbyist | Registration Form) | |
| OR ☐ All reportable transactions by tunrelated to any particular client. | he lobbyist (including the lobbyist' | s family), or the lobbyin | g firm listed below which are |
| IV. Date of Report April 26, | | July 26, 2017 🗹 | _ |
| | -33 | ivity from 4/1/17 to 6/30/1: | 7 |
| | 25, 2017 | January 31, 2018 \Box tivity from 10/1/17 to 12/3. | 1/17 |
| V. There have been no fees re If this box is checked, complete just Concord, NH 03301. | ceived and no reportable transt this form and submit it to the Sec | sactions made since retary of State's Office, | the last report. State House, Room 204, |
| VI. Check if additional reports a | re attached: | | |
| • | ade expenditures, you must file Ac | | |
| Expense Reimbursement | m or reimbursed expenses, you mu | | |
| If you, your firm, or your fam | ily has made political contributions | , you must file Addend | um C- Political Contributions |
| Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kn (Signature of lobbyist) | SA 14-C and RSA 664 and hereby | 630-17 | foregoing information is true |
| Maura M. Weston (Print Name of lobbyist) | | | |

PLEASE PRINT



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) <u>Maura M. Weston</u> | |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: | |
| MM Weston 4 Associates, PLLC (Name of partnership, firm or corporation) | |
| III. Name of Client Purdue Pharma | Date |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses: | t relations, or public relations service |
| a) Total of all fees received in this reporting period | a) \$/ 2, 000 |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year). | a) \$/ 2, 066 b) \$/ 2,000 ear) |
| c) Total of all fees received to date (Add lines a and b) | c)\$ 24,006 |
| Indicate the amount of any such fees that are due, but have not yet been paid | d) \$ |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report to Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made be may be filed for the lobbyist(s)/firm a gagregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); an orting period of greater than \$25.00 for the period of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a)\$ 12,600 |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI | c) \$ |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ / 2,000 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e)\$ |
| f) Total of all expenses year to date | ns 24,000 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief. | m that the foregoing information |
| Onon | 6-3017 |
| (Signature of lobbyist) | (Date) |
| Maura M. Weston | |

(Print Name of lobbyist)